

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001108 A

DOCUMENT # **L97000000858**

1. Entity Name
SELECT TRAVEL, L.C.

00 MAR 20 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/3/28

Principal Place of Business
1125 U.S. HWY 98 SOUTH, SUITE 200
LAKELAND FL 33801

Mailing Address
1125 U.S. HWY 98 SOUTH, SUITE 200
LAKELAND FL 33801-5846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3461954		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ST. JOHN, JOSEPH 1125 U.S. HWY 98 SOUTH, SUITE 200 LAKELAND FL 33801				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ST JOHN, JOSEPH			NAME			
STREET ADDRESS	1125 U.S. HWY 98 SOUTH, SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAREY, JAMES E			NAME	Carey, James E		
STREET ADDRESS	1125 U.S. HWY 98 SOUTH, SUITE 200			STREET ADDRESS	1125 U.S. Hwy 98 South, Suite 200		
CITY-ST-ZIP	LAKELAND FL 33801			CITY-ST-ZIP	Lakeland, FL 33801		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *3/17/00* *863-686-1400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)